

Please type a plus sign (+) inside this box ☒

PTO/SB/01 (12-87)
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 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	0073.00
	First Named Inventor	Weers, Jeffrey G.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	May 8, 2001
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHOSPHOLIPID-BASED POWDERS FOR DRUG DELIVERY

the specification of which (Title of the Invention)

☒ is attached hereto
 OR
☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 358(b) of any foreign application(s) for patent or inventor's certificate, or 358(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/208,896	06/02/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/216,621	07/07/2000	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/568,818	May 10, 2000	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 21968 OR ☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 21968 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
--	------------------------

Jeffrey G. Weers

Inventor's Signature	Date
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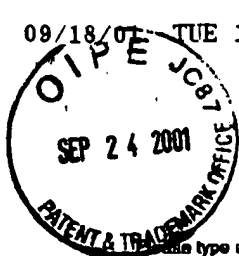
Residence: City	Half Moon Bay	State	CA	Country	U.S.A.	Citizenship	U.S.A.
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Post Office Address	432 Coronad Avenue
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Post Office Address	
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City	San	State	CA	ZIP	94019	Country	U.S.A.
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☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Thomas E.				Tarara			
Inventor's Signature						Date	
Residence: City	Burlingame	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	1233 Paloma Avenue						
Post Office Address							
City	Burlingame	State	CA	ZIP	94010	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Luis A.				Dellamary			
Inventor's Signature						Date	25 Jul 01
Residence: City	San Marcos	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	838 Redberry Court						
Post Office Address							
City	San Marcos	State	CA	ZIP	92069-1846	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Jean G.				Riess			
Inventor's Signature						Date	
Residence: City	Falicon	State		Country	France	Citizenship	France
Post Office Address	les Giaines						
Post Office Address							
City	Falicon	State		ZIP	06950	Country	France

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PTO/SB/02A (3-97)

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Ernest G.				Schutt			
Inventor's Signature						Date	
Residence: City	San Diego	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 12139 Ragweed Street							
Post Office Address							
City	San Diego	State	CA	ZIP	92129	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
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Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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	COMPLETE IF KNOWN			
	Application Number			
	Filing Date	May 8, 2001		
	Group Art Unit			
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
09/568,818	May 10, 2000	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 21968
OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 21968 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

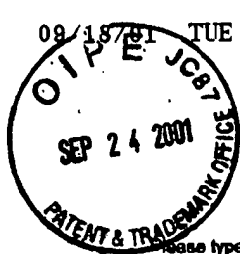
Family Name or Surname

Jeffrey G.

Weers

Inventor's Signature					Date		
Residence: City	Half Moon Bay	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	432 C ronado Avenue						
Post Office Address							
City	See	State	CA	ZIP	94019	Country	U.S.A.

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/SB/02A (3-97)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Thomas E.				Tarara			
Inventor's Signature				Date			
Residence: City	Burlingame	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 1233 Paloma Avenue							
Post Office Address							
City	Burlingame	State	CA	ZIP	94010	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Luis A.				Dellamary			
Inventor's Signature				Date			
Residence: City	San Marcos	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 838 Redberry Court							
Post Office Address							
City	San Marcos	State	CA	ZIP	92069-1846	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jean G.				Riess			
Inventor's Signature				Date		July 3, 2001	
Residence: City	Falcon	State		Country	France	Citizenship	France
Post Office Address les Giaines							
Post Office Address							
City	Falcon	State		ZIP	06950	Country	France

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PTO/SB/02A (3-97)

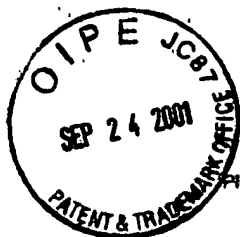
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ernest G.				Schurr			
Inventor's Signature				Date			
Residence: City		San Diego		State CA		Country U.S.A.	
Post Office Address		12139 Ragweed Street					
Post Office Address							
City		San Diego		State CA		ZIP 92129	
				Country U.S.A.			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State		Country	
Post Office Address							
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				Country			
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the specification of which ☒ is attached hereto OR ☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

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Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

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Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Family Name or Surname

Jeffrey G.

Weers

Inventor's Signature					Date		
Residence: City	Half Moon Bay	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	432 Coronado Avenue						
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Thomas E.				Tarara			
Inventor's Signature						Date	
Residence: City		Burlingame		State CA		Country U.S.A.	
Post Office Address		1233 Paloma Avenue					
Post Office Address							
City		Burlingame		State CA		ZIP 94010	
				Country U.S.A.			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Luis A.				Dellamary			
Inventor's Signature						Date	
Residence: City		San Marcos		State CA		Country U.S.A.	
Post Office Address		838 Redberry Court					
Post Office Address							
City		San Marcos		State CA		ZIP 92069-1846	
				Country U.S.A.			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Jean G.				Riess			
Inventor's Signature						Date	
Residence: City		Falcon		State		Country France	
Post Office Address		les Giaines					
Post Office Address							
City		Falcon		State		ZIP 06950	
				Country France			

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Ernest G.				Schutt			
Inventor's Signature	<i>Ernest G. Schutt</i>					Date	7/19/01
Residence: City	San Diego	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 12139 Ragweed Street							
Post Office Address							
City	San Diego	State	CA	ZIP	92129	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	0073.00
	First Named Inventor	Weers, Jeffry G.
	COMPLETE IF KNOWN	
	Application Number	09/851,226
	Filing Date	May 8, 2001
	Group Art Unit	Unassigned
	Examiner Name	Unassigned

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHOSPHOLIPID-BASED POWDERS FOR DRUG DELIVERY

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **May 8, 2001** as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/208,896	06/02/2000
60/216,621	07/07/2000

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/568,818	May 10, 2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 21968

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

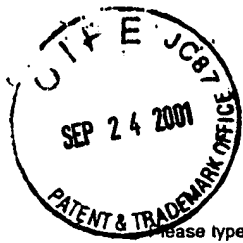
Direct all correspondence to: ☒ Customer Number or Bar Code Label 21968 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jeffry G.		Weers	
Inventor's Signature	Date		<u>May 01</u>
Residence: City	Half Moon Bay	State	CA
		Country	U.S.A.
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Post Office Address			
City	See	State	CA
		ZIP	94019
		Country	U.S.A.

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Thomas E.				Tarara			
Inventor's Signature						Date	15 May 01
Residence: City	Burlingame	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 1233 Paloma Avenue							
Post Office Address							
City	Burlingame	State	CA	ZIP	94010	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Luis A.				Dellamary			
Inventor's Signature						Date	
Residence: City	San Marcos	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address 838 Redberry Court							
Post Office Address							
City	San Marcos	State	CA	ZIP	92069-1846	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Jean G.				Riess			
Inventor's Signature						Date	
Residence: City	Falicon	State		Country	France	Citizenship	France
Post Office Address les Giaines							
Post Office Address							
City	Falicon	State		ZIP	06950	Country	France

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Page 2 of 2

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Given Name (first and middle (if any))				Family Name or Surname			
Ernest G.				Schutt			
Inventor's Signature					Date		
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Post Office Address 12139 Ragweed Street							
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City	San Diego	State	CA	ZIP	92129	Country	U.S.A.
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City		State		ZIP		Country	
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